

Request for FCC review and waiver of the Decision of the Universal Service Administrator dated June 18, 2004, due to technical problems with online Form 486 with missing information.

ECFS - E-mail Filing

<PROCEEDING>02-6

<DATE>6/21/2004

<NAME>Arthur J. Mendonca

<ADDRESS1>Providence Public Schools

<ADDRESS2>797 Westminster Street

<CITY>Providence

<STATE>RI

<ZIP>02903-4045

<LAW-FIRM>

<ATTORNEY>

<FILE-NUMBER>

<DOCUMENT-TYPE>PW

<PHONE-NUMBER>401-456-9316

<DESCRIPTION>Request for FCC review and waiver of the Decision of the Universal Service Administrator dated June 18, 2004, due to technical problems with online Form 486 with missing information.

<CONTACT-EMAIL>arthur@ride.ri.net

<TEXT>SLD Form 486 (UNICOM5A90) did not reproduce properly. FRN 748246 and other information is missing from the enduser form 486. Specifically these technical problems with online Form 486 with missing information on pages 4A,4B; blank pages for 4G through 4Q. Pages 4C,4D, 4E and 4P do appear not missing data. Since online 486 did not permit the re-entry of FRNs that were previously submitted, it was not possible to correct the problem online. I was unable to submit an online question since there were also problems with this system after numerous attempts. Most resulted with Error 500 system responses. See attachment SLD Inquiry 21-028779, which appears to be crosslinked with another user. When Client Services was contacted by phone, I was assured that the entire form was entered correctly, despite the defective 486 proof form that was reproduced by the system. Since these problems are under the control of SLD, I would request that the Providence School District not be penalized for the consequent omissions. Accordingly, The Providence School District, Entity 120841 requests that the Commission reverse the SLD's Decision and instruct the SLD to fund FRN for the Providence Academy for International Studies (Public High School) and issue as soon as possible a revised Funding Commitment Decision Letter. Further, to direct SLD to correct the aforementioned defects in its online system.

From: Mendonca, Arthur
Sent: Monday, January 12, 2004 11:23 AM
To: 'appeals@sl.universalservice.org'
Subject: Appeal of the Denial of FRN#248246 for PAIS (Providence Academy for International Studies, Providence Public School District, Entity 120841, 797 Westminster St., Providence, RI 02903 (revised))

Letter of Appeal
Schools and Libraries Division
Box 125 – Correspondence Unit
80- South Jefferson Road
Whippany, NJ 07981

Appeal of the Denial of FRN# 748246 for PAIS (Providence Academy for International Studies, Providence Public School District, Entity 120841, 797 Westminster St., Providence, RI 02903 (revised))

I filed a Form 486 online (PDF Attached) for the FRN awards requested on Form 471 Application 873680000376625. There were problems with the online forms reproducing properly as printed forms. I did call Client Service Bureau and advise them that there was a problem with Form 486 and was assured that the Form 486 had reproduced properly at the SLD. I was not issued a case number which appears to be current practice.

Consistent with SLD rules I later filed a minor modification of the specifications and costs for this FRN. The applicable Supplemental Form 471 Application #289156 Approval Letter dated June 2, 2003 authorized minor modifications and cost reductions to this FRN 248246 was modified and reduced by \$5,513.43. The revised commitment \$30,368.48. Since we intend to only acquire one server for this school, we will only use approximately one half of this amount.

I subsequently submitted at Form 500 form for this FRN when I was informed it was required by the SLD. This requirement is curious in that the Supplemental Form 471 Application # 289156 Approval Letter dated June 2, 2003 specifically states in bold type: "Do NOT file FCC Form 500 to reflect any funding reduction from this service substitution request, as the funding reduction has already been taken." This statement does not account for the delays that occur by this approval process.

To date we have not received any direct communication for SLD about this FRN denial.

We are requesting relief and prompt re-authorization of this funding commitment.

Arthur J. Mendonça
Technical Services Expeditor
Telephone: 456.9316
Facsimile: 456-9490
E-mail: arthur.mendonca@ppsd.org, arthur@ride.ri.net

Schools and Libraries Universal Service Receipt of Service Confirmation Form

FCC Form 486: To be completed by the Billed Entity
Please read instructions before completing.

Estimated Average Burden Hours For First Submission: 15.0 hours
For Subsequent Submissions: 1.5 hours

Applicant's Form Identifier

U N I C O M 5 A 9 0

Form 486 Application #

(To be inserted by Fund Administrator)

Block 1: Billed Entity Information

1. Name of Billed Entity

P R O V I D E N C E S C H O O L D I S T R I C T

2. Billed Entity Number

1 2 0 8 4 1

3. Funding Year

2 0 0 2

4. Complete Mailing Address of Billed Entity

Street Address, P.O. Box or Route Number

7 9 7 W E S T M I N S T E R S T

City

P R O V I D E N C E

State

R I

Zip Code

0 2 9 0 3

4 0 4 5

Telephone Number

4 0 1

4 5 6

9 3 1 6

Extension

Fax Number

4 0 1

4 5 6

9 1 2 3

Email Address

A r t h u r @ r i d e . r i . n e t



0 4 8 6 0 1 0 1 0 2

Entity Number 120841Applicant's Form Identifier UNICOM5A90Contact Person Arthur J. MendoncaPhone Number (401) 456-9316**5. Contact Person Information**

Contact Person Name

A r t h u r J . M e n d o n c a

Street Address, P.O. Box or Route Number

7 9 7 W e s t m i n s t e r S t r e e t

City

P r o v i d e n c e

State

Zip Code

R I 0 2 9 0 3 - 4 0 4 5

Check the box next to the preferred mode of contact. (At least one box **MUST** be checked.)☐

Telephone Number

Extension

☐

Fax Number

4 0 1 - 4 5 6 - 9 3 1 6

☐

Email Address

a r t h u r @ r i d e . r i . n e t

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, has begun or has planned to begin to receive service after receiving a funding commitment approval pursuant to FCC Form 471.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of an FCC statute, regulation, rule or order, your application may be referred to the federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 15.0 hours for the first submission and 1.5 hours for subsequent submissions, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.



0 4 8 6 0 1 0 2 0 2

Entity Number	120841	Applicant's Form Identifier	UNICOM5A90
Contact Person	Arthur J. Mendonca	Phone Number	(401) 456-9316

Block 2: Early Filing Information and CIPA Waiver Request

6a. Early Filing

CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING **ON OR BEFORE** JULY 31 OF THE FUNDING YEAR.



The Funding Requests listed in Block 3 have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.

6b. CIPA Waiver

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.



I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and/or (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.



0 4 8 6 0 1 0 3 0 2

Entity Number	<u>120841</u>	Applicant's Form Identifier	<u>UNICOM5A90</u>
Contact Person	<u>Arthur J. Mendonca</u>	Phone Number	<u>(401) 456-9316</u>

Block 4: Certifications and Signature

8. I certify that the technology plan(s) for the services received as indicated on this Form 486 have been approved as necessary. Fill in the name(s) of the organization(s) that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none" here.

M	r	.		W	i	i	l	i	a	m		F	i	s	k	,		C	o	o	r	d	i	n	a	t	o	r		
o	f			T	e	c	h	n	o	l	o	g	y	,		R	I	D	E	,		2	5	5		W	e	s	t	m
i	n	s	t	e	r		S	t	r	e	e	t	,		P	r	o	v	i	d	e	n	c	e	,		R	I		
0	2	9	0	3																										

9. I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided under tariff or month-to-month arrangements. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

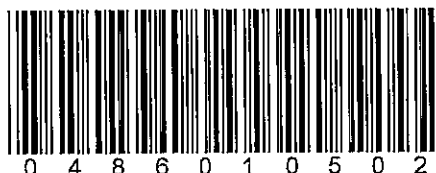
NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11

A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. Note that the certification in Items 11a and 11b are different for schools and for libraries. If the Billed Entity is not the Administrative Authority, skip to Item 11d.

A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.



Entity Number	120841	Applicant's Form Identifier	UNICOM5A90
Contact Person	Arthur J. Mendonca	Phone Number	(401) 456-9316

11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

I certify that as of the date of the start of discounted services:

- a. ☒ (FOR SCHOOLS) the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
- b. ☐ (FOR LIBRARIES) the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(l).
- c. ☐ (FOR SCHOOLS) pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.
- d. ☐ (FOR LIBRARIES) pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.
- e. ☐ The Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES :

1

I certify that as of the date of the start of discounted services:

- d. ☐ I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e. ☐ I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:

- f. ☐ I certify that some or all of the eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g. ☐ I certify that no eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

¹ See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."



0 4 8 6 0 1 0 6 0 2

Entity Number

120841

Applicant's Form Identifier

UNICOM5A90

Contact Person

Arthur J. Mendonca

Phone Number

(401) 456-9316

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.

If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4

A

(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1 2 8 9 1 5 6	7 4 7 9 2 7		UNICOM Technolog	1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2
2 2 8 9 1 5 6	7 4 7 9 2 9		UNICOM Technolog	1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2
3 2 8 9 1 5 6	7 4 8 1 7 2		UNICOM Technolog	1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2
4 2 8 9 1 5 6	7 4 8 1 7 7		UNICOM Technolog	1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2
5 2 8 9 1 5 6	7 4 8 1 8 4		UNICOM Technolog	1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2
6 2 8 9 1 5 6	7 4 8 1 8 7		UNICOM Technolog	1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2
7 2 8 9 1 5 6	7 4 8 2 0 9		UNICOM Technolog	1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2
8 2 8 9 1 5 6	7 4 8 2 1 5		UNICOM Technolog	1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2



0 4 8 6 0 1 0 4 0 2

Entity Number	120841	Applicant's Form Identifier	UNICOM5A90
Contact Person	Arthur J. Mendonca	Phone Number	(401) 456-9316

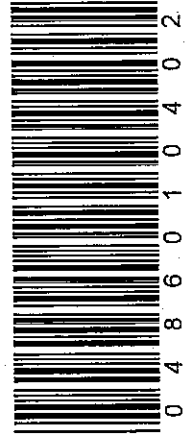
Block 3: Service Information

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If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4

	(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1	2 8 9 1 5 6	7 4 8 2 1 9			1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2
2	2 8 9 1 5 6	7 4 8 2 3 6		UNICOM Technolog	1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2
3	2 8 9 1 5 6	7 4 8 2 3 9		UNICOM Technolog	1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2
4	2 8 9 1 5 6	7 4 8 2 4 3		UNICOM Technolog	1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2
5	2 8 9 1 5 6	7 4 8 2 5 2		UNICOM Technolog	1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2
6	2 8 9 1 5 6	7 4 8 2 6 6		UNICOM Technolog	1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2
7	2 8 9 1 5 6	7 4 8 5 8 3		UNICOM Technolog	1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2
8	2 8 9 1 5 6	7 4 8 5 9 2		UNICOM Technolog	1 4 3 0 0 4 3 4 8	0 7 0 1 2 0 0 2



Entity Number	120841	Applicant's Form Identifier	UNICOM5A90
Contact Person	Arthur J. Mendonca	Phone Number	(401) 456-9316

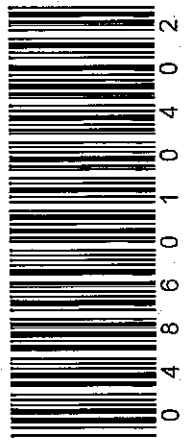
Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.

If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: C Page 4

	(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1	289156	748599		UNICOM Technolog	143004348	07012002
2	289156	748607		UNICOM Technolog	143004348	07012002
3	289156	748614		UNICOM Technolog	143004348	07012002
4	289156	748618		UNICOM Technolog	143004348	07012002
5	289156	748623		UNICOM Technolog	143004348	07012002
6	289156	748632		UNICOM Technolog	143004348	07012002
7	289156	748635		UNICOM Technolog	143004348	07012002
8	289156	748640		UNICOM Technolog	143004348	07012002



Entity Number120841

Contact PersonArthur J. Mendonca

Applicant's Form IdentifierUNICOM5A90

Phone Number(401) 456-9316

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.

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If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4

	(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1	289156	748662		UNICOM Technolog	143004348	07012002
2	289156	748666		UNICOM Technolog	143004348	07012002
3	289156	748674		UNICOM Technolog	143004348	07012002
4	289156	748681		UNICOM Technolog	143004348	07012002
5	289156	748685		UNICOM Technolog	143004348	07012002
6	289156	748690		UNICOM Technolog	143004348	07012002
7	289156	748695		UNICOM Technolog	143004348	07012002
8	289156	748709		UNICOM Technolog	143004348	07012002

Entity Number120841

Contact PersonArthur J. Mendonca

Applicant's Form IdentifierUNICOM5A90

Phone Number(401) 456-9316

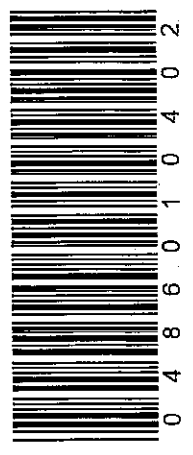
Block 3: Service Information

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1	289156	748711		UNICOM Technolog	143004348	07012002
2	289156	748718		UNICOM Technolog	143004348	07012002
3	289156	748721		UNICOM Technolog	143004348	07012002
4	289156	748725		UNICOM Technolog	143004348	07012002
5	289156	748730		UNICOM Technolog	143004348	07012002
6	289156	748734		UNICOM Technolog	143004348	07012002
7	289156	748739		UNICOM Technolog	143004348	07012002
8	289156	748749		UNICOM Technolog	143004348	07012002



Entity Number

120841

Applicant's Form Identifier

UNICOM5A90

Contact Person

Arthur J. Mendonca

Phone Number

(401) 456-9316

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.

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If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4

P

	(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1	289156	749470		UNICOM Technolog	143004348	07012002
2	289156	749474		UNICOM Technolog	143004348	07012002
3	289156	749481		UNICOM Technolog	143004348	07012002
4	289156	749858		UNICOM Technolog	143004348	07012002
5	289156	749873		UNICOM Technolog	143004348	07012002
6	289156	749883		UNICOM Technolog	143004348	07012002
7	289156	749891		UNICOM Technolog	143004348	07012002
8	289156	749899		UNICOM Technolog	143004348	07012002



0486010402

Entity Number

Applicant's Form Identifier

Contact Person

Phone Number

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.
Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.
If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4

(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1					
2					
3					
4					
5					
6					
7					
8					

Entity Number 120841 Applicant's Form Identifier UNICOM5A90
Contact Person Arthur J. Mendonca Phone Number (401) 456-9316

I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

12. Signature of authorized person

13. Date

10/22/02

14. Printed name of authorized person

K y l e . D a v i e

15. Title or position of authorized person

C h i e f T e c h n o l o g y O f f i c e r

16. Telephone number of authorized person

Extension

4 0 1 2 7 8 0 5 9 5

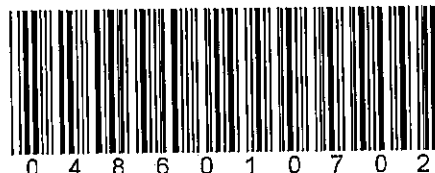
Please submit this form to:

SLD-Form 486
P. O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD-Form 486
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100

Submit

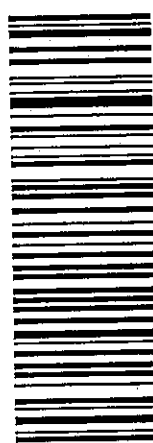


*Submitted
incomplete
C++ error*

*Submission to
SLD
Approved
per Client
Lawrence
Bureau*

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

CERTIFIED MAIL



7000 1530 0006 3273 3484
7000 1530 0006 3273 3484

U.S. Postal Service
CERTIFIED MAIL RECEIPT UNICUM 5A90
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: **SLD FORM 486 C/o Ms Smith**
 Street, Apt. No., or PO Box No.: **3833 Greenway Drive**
 City, State, ZIP+4: **Lawrence, KS 66046**
 PS Form 3800, May 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**SLD FORM 486
C/o Ms Smith
3833 Greenway Drive
Lawrence, KS
66046**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)

003-3484

U.S. Postal Service
CERTIFIED MAIL RECEIPT UNICUM 5A90
(Domestic Mail Only; No Insurance Coverage Provided)

Domestic Return Receipt

102595-00-M-0952

OFFICIAL USE

Postage	\$ 37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$4.42



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

name, address, and ZIP+4 in this box •

Sent To: **SLD FORM 486 C/o Ms Smith**
 Street, Apt. No., or PO Box No.: **3833 Greenway Drive**
 City, State, ZIP+4: **Lawrence, KS 66046**
 PS Form 3800, May 2000 See Reverse for Instructions

**J. MENDONCA
DNAL TECHNOLOGY DEPT.
NCE PUBLIC SCHOOLS
MINSTER STREET
NCE, R. I. 02903-4045**

FORM 486 - UNICUM 5A90

7000 1530 0006 3273 3484

From: Mendonca, Arthur
Sent: Monday, January 12, 2004 11:23 AM
To: 'appeals@sl.universalservice.org'
Subject: Appeal of the Denial of FRN#248246 for PAIS (Providence Academy for International Studies, Providence Public School District, Entity 120841, 797 Westminster St., Providence, RI 02903 (revised)

Letter of Appeal
Schools and Libraries Division
Box 125 – Correspondence Unit
80- South Jefferson Road
Whippany, NJ 07981

Appeal of the Denial of FRN# 748246 for PAIS (Providence Academy for International Studies, Providence Public School District, Entity 120841, 797 Westminster St., Providence, RI 02903 (revised)

I filed a Form 486 online (PDF Attached) for the FRN awards requested on Form 471 Application 873680000376625. There were problems with the online forms reproducing properly as printed forms. I did call Client Service Bureau and advise them that there was a problem with Form 486 and was assured that the Form 486 had reproduced properly at the SLD. I was not issued a case number which appears to be current practice.

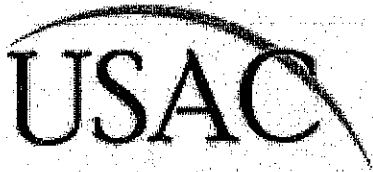
Consistent with SLD rules I later filed a minor modification of the specifications and costs for this FRN. The applicable Supplemental Form 471 Application #289156 Approval Letter dated June 2, 2003 authorized minor modifications and cost reductions to this FRN 248246 was modified and reduced by \$5,513.43. The revised commitment \$30,368.48. Since we intend to only acquire one server for this school, we will only use approximately one half of this amount.

I subsequently submitted at Form 500 form for this FRN when I was informed it was required by the SLD. This requirement is curious in that the Supplemental Form 471 Application # 289156 Approval Letter dated June 2, 2003 specifically states in bold type: "Do NOT file FCC Form 500 to reflect any funding reduction from this service substitution request, as the funding reduction has already been taken." This statement does not account for the delays that occur by this approval process.

To date we have not received any direct communication for SLD about this FRN denial.

We are requesting relief and prompt re-authorization of this funding commitment.

Arthur J. Mendonça
Technical Services Expeditor
Telephone: 456.9316
Facsimile: 456-9490
E-mail: arthur.mendonca@ppsd.org, arthur@ride.ri.net



Universal Service Administrative Company
Schools & Libraries Division

Administrator's Decision on Appeal - Funding Year 2002-2003

June 18, 2004

Arthur J. Mendonça
Providence School District
797 Westminister Street
Providence, RI 02903

Re: Billed Entity Number: 120841
471 Application Number: 289156
Funding Request Number(s): 748246
Your Correspondence Dated: January 12, 2004

After thorough review and investigation of all relevant facts, the Schools and Libraries Division ("SLD") of the Universal Service Administrative Company ("USAC") has made its decision regarding your appeal of your Funding Year 2002 Form 486 for the Form 471 application number indicated above. This letter explains the basis of SLD's decision. The date of this letter begins the 60-day period for appealing this decision to the Federal Communications Commission ("FCC"). If your letter of appeal included more than one application number, please note that for each application an appeal is submitted, a separate letter is sent.

Funding Request Number: 748246
Decision on Appeal: **Denied in full**
Explanation:

- On appeal, you seek reversal of the SLD's decision to deny payment for funding request number ("FRN") 748246. In support of your request, you assert that when you filed the Form 486 online, when printing the online forms there were problems with reproduction the forms. You state that you contacted the Client Service department and informed them of the problem. However, you were assured that the Form 486 reproduced properly at the SLD. You also state that you filed a minor modification and Form 500 for the FRN, but did not receive any documentation from SLD regarding denial of this FRN. Consequently, you request the reauthorization of this funding commitment.
- Upon thorough review of the appeal letter and relevant documentation, we find that you did not submit a Form 486 that included FRN 748246. As a result, Providence School District ("the District") did not receive documentation from

SLD informing the District of a denial because the FRN was never reviewed. On appeal, you submit a copy of a Form 486 and a U.S. Postal Service certified mail receipt for article number 7000 1530 0006 3273 3484, postmarked October 23, 2002. According to our records, we did receive certified mail matching the article number you provided; however, the envelope included certification for Form 486 application number 197042. Further, a review of the online submission of this Form 486 shows that FRN 748246 was not included and the paper copy of the Form 486 included with the appeal letter does not indicated the FRN was included. Therefore, you have failed to provide persuasive evidence that a Form 486 for FRN 748246 was filed. As it is the responsibility of the applicant to ensure that all forms are correct and submitted to SLD in a timely manner, your appeal is denied.

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission (FCC). You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be received or postmarked within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

We thank you for your continued support, patience, and cooperation during the appeal process.

Schools and Libraries Division
Universal Service Administrative Company

Mendonca, Arthur

From: Mendonca, Arthur
Sent: Thursday, February 12, 2004 11:15 AM
To: 'sldcaseattachments@sl.universalservice.org'
Subject: RE: SLD Inquiry #: 21-028779 Received

The following information is not as I submitted.

*[FirstName]=LAURENE [LastName]=PTAK [EmailAddress]=arthur.mendonca@ppsd.org
 [WorkPhone]=8005370434 [FaxPhone]=*

Arthur J. Mendonça
Technical Services Expeditor
 Telephone: 456.9316
 Facsimile: 456-9490
 E-mail: arthur.mendonca@ppsd.org, arthur@ride.ri.net

-----Original Message-----

From: sldcaseattachments@sl.universalservice.org [mailto:sldcaseattachments@sl.universalservice.org]
Sent: Thursday, February 12, 2004 11:06 AM
To: Mendonca, Arthur
Subject: SLD Inquiry #: 21-028779 Received

Thank you for sending an email inquiry to the SLD. This message serves as a receipt confirmation. Please note that you may also refer to the SLD website (www.sl.universalservice.org) for program information.

You indicated in your request that you wish to send an attachment. To do this please reply to this message and add your attachment to the reply.

Your case number is 21-028779. Please refer to this number in subsequent contacts with the Client Service Bureau. We may need to request additional information from you in order to completely answer your question or fulfill your request.

Here is the information you submitted:

*[FirstName]=LAURENE [LastName]=PTAK [EmailAddress]=arthur.mendonca@ppsd.org
 [WorkPhone]=8005370434 [FaxPhone]= [PreviousCaseNumber]=21-028779 [DateSubmitted]
 =02/12/2004 11:05:44 [Question]=Appeal of the Denial of FRN#248246 for PAIS (Providence
 Academy for International Studies, Providence Public School District, Entity 120841, 797
 Westminster St., Providence, RI 02903 (revised) submitted to appeals@sl.universalservice.org,
 Mon 1/12/2004 11:23 AM [AttachmentFlag]=Y*

 PLEASE NOTE THAT YOUR REPLY IS ONLY FOR TRANSMITTING YOUR ATTACHMENT. ANY INFORMATION IN THE BODY OF YOUR REPLY MESSAGE WILL BE DISREGARDED. IF YOU WISH TO SUBMIT ADDITIONAL INFORMATION,

6/28/2004

PLEASE DO SO USING THE ASK A QUESTION FORM AVAILABLE ON THE SLD WEBSITE.